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|--|---|------------|------------------------------------|-----------|--|--|--------------|--------------------|------------------------|------------------------------|--------------------|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION REC Substitute for Form PTO-875 | | | | | | | | RECORD | | Application or Doctor Number | | | |
| CLAIMS AS FILED - PART I | | | | | | | | | | ′/ | OTHE | R THAN | |
| (Column 1) (Column 2) | | | | | | _ | SMALL ENTITY | | OR | SMALL ENTITY | | | |
| FOR | | | NUMB | ER FILED | NU | NUMBER EXTRA | | RATE | FEE | | RATE | FEE | |
| BASIC FEE (37 CFR 1,16(a)) | | | | | | _ | 1 | | 38 | OR. | 1 | 3 | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | | | 60 | minus 2 | | 46 | | x 6• | 36000 | OR | ** | | |
| INDEPENDENT CLAIMS (37 CFR 1.18(b)) | | | 6 | minus | 3 | 1 | x | 1120 | OR. | ×s | | | |
| MAILTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | | +: | | OR | 7, | | |
| " If the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | | | TOTAL | 822.w | CR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | | |
| R/23/6 OTHER THAN | | | | | | | | | | | | R THAN | |
| <u> </u> | Τ , | _ | ALABAS | т— | (Column 2 | (Cotumo 3) | , | SMALL E | NTITY' | • | | ENTITY | |
| AMENDMENT A | | RE | MAINING VFTER ENDMENT | | MUMBER PREVIOUSI PAID FOR | | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total profit Listing | 1.6 | 4 | Minus | 241 | 1. / | 1 | × 8 = | | OR | xs | | |
| ÆN | tratependent (37 CPR L18(bg) | 1 | 3 | Mireus | 29 | - / | | × 8 = | 7 | OR | x 8 | | |
| ¥ | FIRST PRESENT | TATION | OF MULTIPLE | E DEPEND | BIT CLAN (A) | CFR 1.16(5) |] | +: | 7 | OR | •• | | |
| 1 64 | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL | / | |
| 09 | 19104 | (Co | lumn 1) | | (Column 2 | (Column 3) | | MULTEE | / - | CAL . | ADD'L FEE | | |
| AMENDMENT B | NB | REI AME | LAIMS MAINING FTER MOMENT | | HIGHEST MUMBER PREVIOUSL PAID FOR | PRESENT | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TICIVAL FRE | |
| | Total (31 CFR 1.10(c)) | | <u>/</u> | Minus | <i>"8</i> 41 | P | | x \$+ | 1 | OR | × 4 • | | |
| | (37 GFR 1.18(0)) | | 4 | Minus | <i>"29</i> | 10 | | X 8= | | OR | X 8= | | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | += | | Q R | + s = | | |
| N.R1X0 | | | | | | | | ADDL FEE | 8 | OR | TOTAL ADO'L FEE | | |
| <u>^</u> | <i>/ / / ·</i> | | tumn 1) | | (Cotumn 2) HIGHEST | (Cotumn 3) | | | | | | | |
| NTC | | REA | AANING FTER NOMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL | |
| ME | Total gr CFR LIQ(I) | • 6 | 35 | Minus | " युप्रा | • | | × 4 | 7 | OR | xs - | | |
| AMENDMENT | Independent (37 CFR 1.16(1))) | | 14 | Minus | -29 | 1-1 | | ×s - | + | OR | x. | / | |
| ₹ | FIRST PRESENT | ATION (| OF MULTIPLE | OEPENDE | OT CLAIM (37 | CFR 1.16(g)) | | | 1 | OR | + 1 = | 1 | |
| | | | | | | | | | + | | TOTAL | - | |
| | If the entry in or | olumn (| la less then | the entry | in column 2, w | rite "0" in column E is less than 20, | 3. | ADD'L FEE | | OR | ADD'L FEE | | |
| | · · · · · · · · · · · · · · · · · · · | | I TOTIOUSIY | raw ror | IN THIS SPACE | e is 1835 than 20, | WILE. | T ZU. | | | | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiathy is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including agriculture, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.